Revision:	HCFA-PM AUGUST 1			SUPPLEMENT Page 1 OMB No.:	r 2 TO ATTACHMENT 2.6-A
	STATE	PLAN UNDER TIT	LE XIX OF 1	THE SOCIAL	. SECURITY ACT
		R	ESOURCE LE	VELS	
A. CATE	ORICALLY	NEEDY GROUPS W	ITH INCOME	S RELATED	TO FEDERAL POVERTY LEVEL
1. <u>Pre</u>	gnant Wo	ome <u>n</u>			
a.	Mandato	ory Groups			
		ame as SSI resou	rces level	.s.	
	<u>√</u> X⁄ Le	ess restrictive	than SSI I	resource 1	evels and is as follows
	Fami.	ly Size	Resource	Level	
	_	1_	<u>-0-</u>		
b.	Option	al Groups			
		ame as SSI reso	urces level	ls.	
		ess restrictive	than SSI	resource l	levels and is as follows:
	<u>Fami</u>	ly Size	Resource	Level	
	_	_1			
	_				

TN No. 9/-/3
Supersedes
TN No. 89-3
Approval Date 4/10/9/ Effective Date 10/1/9/

HCFA ID: 7985E

Revision:	HCFA-PM- AUGUST 19			SUPPLEMENT 2 TO ATTACHMENT 2.6-Page 2 OMB No.: 0938-
	STATE		TLE XIX OF THE ASKA	E SOCIAL SECURITY ACT
2. <u>In</u>	fants			
a.	Mandator	y Group of Inf	<u>ants</u>	
		me as resource	levels in th	e State's approved AFDC plan.
	<u>∠X</u> / Le:	ss restrictive	than the AFD	C levels and are as follows:
	Famil [*]	y Size	Resource Le	<u>vel</u>
		1		<u>1.44</u>
		2	-0-	
		3	-0-	
		4	-0-	
		5		
	-	6	-0-	
		7		
		8	0	
		9		
	_1	<u>o</u>	-0-	
				age.

TN No. 91-13					
Supersedes	Approval Date	4/10/02	Effective	Date _	101.141
TN No	•	7 /		_	
			HCFA ID.	79955	

Revision:	HCFA-PM-91-4 (BPD) AUGUST 1991	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-
	STATE PLAN UNDER TITE	E XIX OF THE SOCIAL SECURITY ACT
S	tate:AI	ASKA
ъ. С	ptional Group of Infan	<u>ts</u>
		levels in the State's approved AFDC plan
		than the AFDC levels and are as follows:
_	Family Size	Resource Level
	1	
	2	
	3	
	4	
	3	
	6	
	_7	
	8	
	9	
	10	

TN No. 9/-/3 Supersedes TN No. 87-4	Approval	Date	4/10/02	Effec	tive	Date .	10/1/91
TN No. $87-4$			•	HCFA	ID:	7985E	

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 4

	STATE P	AN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT	
	State: _	ALASKA	промент
3.	Children		
	of the	ory Group of Children under Section 1902(a)(10) Act. (Children who have attained age 1 but haved age 6.)	
		Same as resource levels in the State's approv	red AFDC plan
	X	Less restrictive than the AFDC levels and are	
	Family	Size Resource Level	
		<u> </u>	
	_	2	
		0	
		. 0	

TN No. 92-01
Supersedes Approval Date 4596: Effective Date 1/195
TN No. 91-13

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Page 5

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_10__

	ALASKA			
	<u>I</u>	NCOME ELIGIBILITY	LEVELS	
Mand VI ha	a ry p th Act in	Children unde: Children born 6 but have no	ep emb	
		in		. a n
	ve	th		
	Family Size.	Resc	ource Level:	
	1		0	
	3		0	
	4		0	
	5	_	0	
	6	-	0	
	7	_	0	
	8	_	0	
	9		0	

TN No. 92-0/
edes Approval Date 4/29/92 Effective Date 1/1/92
HCFA ID:

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	SUPPLEMENT 2 Page 6 OMB No.: 09	2 TO ATTACHMENT	2.6-A
	STATE PLAN U	NDER TITLE XIX	OF THE SOCIAL S	ECURITY ACT	
	State:	AI.ASKA			
4. Age	ed and Disabled	Individuals			
		resource level	ls		
$\overline{\mathcal{L}}$	More restric	tive than SSI	levels and are	as follows:	
	Family Size	Resou	rce Level		
	1				
	2				
	3				
	4				
	5				
ے	/ Same as med has a medic	ically needy r ally needy pro	esource levels (gram)	applicable only	if State

HCFA ID: 7985E

	- Agent Careful on Careful of	- 1					
<i>©</i>	Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		SUPPLEMENT 2 TO A Page 7 OMB No.: 0938-	TTACHMENT :	2.6-A
		STATE PLAN	UNDER TITLE	XIX OF	THE SOCIAL SECURI	TY ACT	
		State:	ALASKA				
			RESOURCE	LEVELS (Continued)		
	B. MEDIC	ALLY NEEDY					
		cable to all	groups -				
		Except those of the Act.	specified b	elow und	er the provisions	of section	n 1902(f)
		Family Si	<u>28</u>	Resource	Level		
		1					
		2					
		_3					
		4					
		5					
		6					
		8					
		9					
		_10	•				
	For	each addition	al person				
	(T) 3.7 - 1.7 -	91-13					21.161
	TN No. Superse	edes Ap	proval Date	4/10/		Date //)///7/
	TN No.				HCFA ID:	7985E	